

Department of Mental Health

HOPE



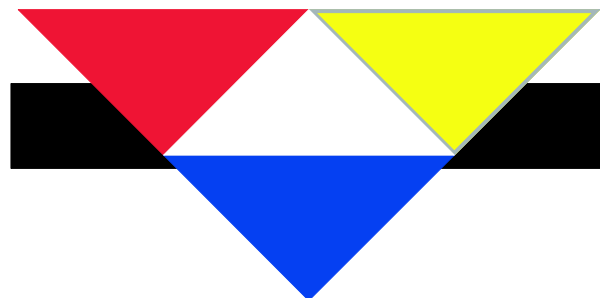
OPPORTUNITY



COMMUNITY INCLUSION



MISSOURI DEPARTMENT OF
MENTAL
HEALTH



Fiscal Year 2015



Mission

**Prevention, Treatment, and
Promotion of Public Understanding**
for Missourians with mental illnesses,
developmental disabilities, and addictions.

Vision

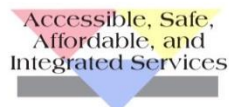
Hope ▼ Opportunity ▼ Community Inclusion

*Missourians receiving mental health services will have the
opportunity to pursue their dreams and live their lives as
valued members of their communities.*

Values



Missourians who participate in mental health services are welcomed and equally included in education, work, housing, and social opportunities in their communities.



Missourians with mental health needs easily access safe, affordable, and integrated medical and behavioral services.



Missourians participating in mental health services are active partners in designing their services and supports.



The effectiveness of Missouri's mental health services is measured by meaningful outcomes experienced by the people receiving them.



Missourians receive mental health services from competent, motivated, and highly valued staff serving as effective stewards of the public trust.



Emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians.



Missourians participating in mental health services are valued for their uniqueness and diversity and respected without regard to age, ethnicity, gender, race, religion, sexual orientation, or socio-economic condition.

Missouri Department of Mental Health

Mental Health Commission

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Four Seasons

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Organization Overview

Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance use disorders, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance use disorders, and compulsive gambling.

Mental Health Commission

The Mental Health Commission, composed of seven members, appoints the director of the Department of Mental Health with the confirmation of the state Senate. The commissioners are appointed to four-year terms by the governor, again with the confirmation of the Senate. The commissioners serve as the principal policy advisers to the department director. The commission, by law, must include individuals who represent Missourians with mental illness, developmental disabilities, and substance use disorders, and who have expertise in general business matters. Current commissioners are listed on page two.

The Department of Mental Health is organizationally comprised of three divisions that serve more than 170,000 Missourians annually.

FY 2015 DMH Budget by Program Category

Budget Category	Amount	% Total	FTE
State Psychiatric Facilities	\$191 million	10.9%	3,796 FTE
Mental Health Community Programs	\$407 million	23.2%	33 FTE
Medications	\$14 million	0.8%	0 FTE
DD Habilitation Centers	\$86 million	4.9%	2,543 FTE
DD Regional Offices/Community Support	\$32 million	1.8%	727 FTE
DD Community Programs	\$827 million	47.2%	25 FTE
Community Substance Use Services	\$139 million	7.9%	50 FTE
Administration-Dir. Office/ Divisions	\$16 million	0.9%	232 FTE

Organization Overview continued

Budget Category	Amount	% Total	FTE
Other: (Fed. Grants, MH Trust Fund, Overtime Pool, Fed. Revolving funds, etc.)	\$41 million	2.4%	11 FTE
TOTALS	\$1.753 billion	100.0%	7,417 FTE

- DMH generates \$296 million per year in reimbursements from Medicaid, Medicare, disproportionate share (DSH) and other third party pay.
- Approximately 56% of all DMH GR funding is used as match for DMH services funded through the Medicaid program.
- The DMH Administrative Budget has been reduced by 8% over the past three years.

Several support units assist the department and division directors in implementing DMH's programs and services. They include:

1. Audit, Investigations, Deaf Services, Office of Constituent Services
2. Office of Comprehensive Child Mental Health
3. Disaster Readiness
4. Information Systems
5. Public and Legislative Affairs
6. Human Resources
7. General Counsel (Regulations, Hearings and Appeals)

DMH makes services available through state-operated facilities and contracts with private organizations and individuals. State-operated facilities include six adult psychiatric hospitals and one children's psychiatric facility. In addition, five habilitation centers, six regional offices and six satellite offices serve individuals with developmental disabilities. The department also purchases services from a variety of privately operated programs statewide through approximately 1,500 contracts managed by DMH.

Office of Comprehensive Child Mental Health (Children's Office)

The Office of Comprehensive Child Mental Health (Children's Office) provides a single authority accountable for children's policy department-wide, keeping with the statutory requirements for the Children's Office at RSMo 630.1000, 2005.

The Department's children's policy is based on the philosophy of services being family-driven, child-centered, culturally competent and community-based. DMH partnerships exist and continue to grow with child welfare, education, and juvenile justice to ensure that state and local initiatives strive to eliminate duplication and fill gaps in needed services.

Division of Administrative Services

The Division of Administrative Services provides administrative and financial services to help the department achieve effective results. The Division of Administrative Services includes the following units:

1. **Accounting:** oversees and monitors all funds, manages expenditures, administers grant funds, and produces fiscal summaries, analyses and reports.
2. **Purchasing and General Services:** establishes and administers contracts with private agencies or individuals to provide services in the community and is also responsible for various General Services functions in central office.
3. **Budget and Finance:** develops and monitors the annual budget, oversees the legislative fiscal note process, provides expenditure oversight, analyzes and compiles financial and other related reports.
4. **Reimbursements:** collects payments from private insurance, Medicaid and Medicare, and private pay for department services and coordinates revenue maximization activities.
5. **Medicaid Liaison:** assists program divisions in developing and implementing new Medicaid covered programs, interpreting and ensuring compliance with Medicaid state plans and federal regulations, and initiating and implementing revenue maximization strategies. The section also works closely with the Department of Social Services/MO HealthNet Division and Medicaid legal consultants.

Division of Behavioral Health Overview

The Division of Behavioral Health (DBH) manages programs and services for people with mental illness or substance use disorders. Services available are prevention, education, mental health promotion, evaluation, intervention, treatment, rehabilitation and recovery support.

Most prevention and treatment services are provided by programs in the community that hold contracts with the Division. These programs must meet federal and state requirements in order to provide mental health and substance use disorder services. The cost of services is based on an individual's ability to pay.

Those who have priority for Division services are:

- People with serious mental illness;
- Individuals and families in crisis;
- People with mental illness who are homeless;
- Individuals committed for treatment by the court system; and,
- Children with severe emotional disturbances.

For substance use disorder treatment, priority is given to:

- Pregnant women;
- Intravenous (IV) drug users; and,
- Certain referrals from other state agencies.

The Division and its contracted programs offer services that have been proven to help people with mental illness and substance use disorders. These services prevent crime and make communities safer, reduce emergency room visits, and prevent school dropout. Many people are able to keep their jobs or get help finding jobs when they receive services.

Division of Behavioral Health - Substance Use Disorder Treatment Services

Overview

Alcohol and drug misuse, tobacco use, and compulsive gambling affect more than two million Missourians. The Division of Behavioral Health funds prevention, treatment and rehabilitation programs for substance use disorders – a problem that costs the state's economy an estimated \$7.7 billion a year in lost productivity, healthcare expenditures, property damage, and crime. During the past year, programs funded by DBH provided treatment or intervention for nearly 61,000 people.

The State Advisory Council for Substance Use Disorder Treatment Services makes recommendations regarding the types of services needed throughout Missouri. Council members are chosen from consumers of services, substance use disorder treatment professionals, and others with an interest in substance use disorder prevention, treatment, and recovery.

The operating budget for Fiscal Year (FY) 2015 for the Division of Behavioral Health's Substance Use Disorder Treatment Services was \$141,566,313.

Prevention

The year's appropriation (FY 2015) for prevention and education was \$9,077,445. The Prevention Unit mission is to reduce adverse outcomes from the harmful use of alcohol, tobacco and other drugs. Prevention focuses on impacting factors that put individuals, especially children and youth, at risk for engaging in substance use. Included are individual and peer factors, school and family factors, and community and environmental factors. The Division's prevention system has six components available statewide: community coalitions, Regional Support Centers, direct prevention services, a statewide training and resource center, a School-based Prevention Intervention and Resources Initiative (SPIRIT), and college-based services.

Community Coalitions, launched in 1987, are volunteer groups focused on alcohol, tobacco and other drug issues. Coalitions receive technical assistance and training from Regional Support Centers on a variety of topics related to organizational development and implementation of prevention strategies. There are over 160 registered coalitions in Missouri.

Regional Support Centers (RSCs) provide training, technical assistance and support for community coalitions. Their goal is to assist coalitions to make changes in substance use patterns in their communities.

Direct Prevention Services include prevention education and early intervention activities provided to designated children, youth and families. These services involve structured programming and/or a curriculum, have multiple sessions, include pre- and post-testing, and address identified risk and protective factors.

DBH-Substance Use Disorders Treatment Services, continued

The Statewide Training and Resource Center (STRC) provides resources, training and technical assistance to the RSCs and community coalitions. The STRC presents a number of training workshops throughout the year and hosts an annual statewide prevention conference.

School-based Prevention Intervention and Resource Initiative (SPIRIT) delays the onset and decreases the use of substances, improves overall school performance, and reduces incidents of violence. To achieve these goals, prevention agencies are paired with school districts to provide technical assistance in implementing evidence-based substance use prevention programming. SPIRIT currently operates in four sites serving six school districts across the state, including Carthage R-IX, Knox Co. R-1, New Madrid Co. R-1, Ritenour, Charleston R-I and Scotland Co. R-I.

College-based Programs through the Partners in Prevention (PIP) coalition are provided on the following 14 state-supported and seven private institutions of higher education: Columbia College, Drury University, Evangel University, Harris-Stowe State University, University of Central Missouri, Lincoln University, Maryville University, Missouri Southern State University, Missouri State University, Missouri Western State University, Northwest Missouri State University, Rockhurst University, Saint Louis University, Southeast Missouri State University, State Technical College of Missouri, Truman State University, University of Missouri, University of Missouri-Kansas City, Missouri University of Science and Technology, University of Missouri-St. Louis, and Westminster College. These programs work toward reducing rates of harmful and dangerous drinking on campuses.

Substance Use Disorder Treatment

The Division of Behavioral Health contracts with a network of providers that offer community-based treatment. The Division monitors these providers and their treatment staff who must meet state certification standards. Division-funded and -supported clinical treatment and recovery support services are available throughout the state. Clinical treatment and recovery support services are designed to assist individuals and their families with substance use disorders in achieving and maintaining recovery. Treatment services include:

Primary Recovery Plus is a comprehensive package of individualized services and therapeutic, structured activities designed to promote long-term recovery from substance use disorders. These services have three levels of intensity that include assessment, individual and group counseling, family counseling, group education, medication and physician services, participation in self-help groups, and other supportive interventions. Detoxification and residential support are offered for those who need a safe, drug-free environment in the early stage of the treatment process.

DBH-Substance Use Disorders Treatment Services, continued

The **Comprehensive Substance Treatment and Rehabilitation Program (CSTAR)** is a unique approach to substance use disorder treatment that includes a flexible combination of counseling services, medications, living arrangements, and support services that are individually tailored for each person. Funded by Medicaid and the Division's purchase-of-service system, CSTAR offers population-specific services and supports available in the following specialized programs:

- **CSTAR Women's and Children's Treatment Program;** Substance use affects women differently than men, both physically and psychologically. Single women, pregnant women, and women with children may enter specialized women's CSTAR treatment programs. These programs provide a complete continuum of treatment services and housing supports tailored to the unique needs of women and children.
- **CSTAR Alt-Care Program:** This program is specifically designed for female offenders under supervision of the Missouri Department of Corrections.
- **CSTAR Adolescent Treatment Program:** Early intervention, comprehensive treatment, academic education, and aftercare are important in averting chronic use and accompanying problems that might otherwise follow a young person for a lifetime. The specially trained staffs of adolescent CSTAR programs use individual, group, and family interventions.
- **CSTAR Opioid Treatment Program:** This program is designed for people addicted to opiate drugs. It includes methadone maintenance therapy, as well as the use of other FDA-approved medications, along with medically supervised withdrawal from heroin and other opiates. Ongoing counseling and other psychosocial services are provided for addiction and related life problems. Missouri's program meets strict federal guidelines.

The **Compulsive Gambling** program provides outpatient treatment services to individuals with gambling disorders and their families. Funding comes from a portion of casino admission fees.

The **Substance Abuse Traffic Offenders Program (SATOP)** certifies programs to provide screening, education and treatment services to individuals who have had an impaired driving offense, or in the case of youth, have pled or been found guilty of a minor in possession charge. SATOP screens more than 23,000 Driving While Intoxicated (DWI) offenders annually who are referred as a result of an administrative suspension or revocation of their driver's license, a court order, a condition of probation, or a plea bargain. When a driver's license is suspended or revoked due to an impaired driving offense, SATOP is, by law, a requirement for license reinstatement.

DBH-Substance Use Disorders Treatment Services, continued

All SATOP offenders enter the system via an Offender Management Unit. Offenders receive a screening assessment where a review of their driving record, Blood Alcohol Content (BAC) at the time of arrest, computer-interpreted assessment, and interview with a qualified professional is conducted. Based upon the information gathered during the screening, an appropriate referral is made to one of several SATOP programs.

Recovery Support Services, funded by the Access to Recovery grant, provide access to treatment and support options. These services are provided by faith and community-based organizations and are designed to enhance participation in treatment, promote community integration, and foster recovery from substance use disorders.

Program Eligibility

All Missourians are eligible to receive prevention and treatment services provided by DBH. A Standard Means Test is used to determine if people have the ability to pay for a portion of their treatment services. Additional information on substance use disorder treatment and recovery is available from the DBH district office serving your area.

The following page is a map of the Regional Offices for Substance Use Disorder Services.



MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF BEHAVIORAL HEALTH
REGIONAL OFFICES FOR SUBSTANCE USE SERVICES



WESTERN AND SOUTHWEST REGIONS

Denise Norbury, REO, Division of Behavioral Health
Southwest Missouri Psychiatric Rehabilitation Center
1301 Industrial Parkway East
El Dorado Springs, MO 64744
Phone: 417-876-1002
Fax: 417-876-1004



Western Region Office
Division of Behavioral Health
2600 East 12th Street
Kansas City, MO 64127
Phone: 816-462-5770
Fax: 816-462-5774

CENTRAL REGION

(Vacant), REO, Division of Behavioral Health



Central Region Office
Missouri Department of Mental Health
1706 East Elm Street; P.O. Box 687
Jefferson City, MO 65102
Phone: 573-751-4942
Fax: 573-751-7814

EASTERN REGION

Laurent Javois, REO, Division of Behavioral Health



Eastern Region Office
Saint Louis Psychiatric Rehabilitation Center
5300 Arsenal
Saint Louis, MO 63139
Phone: 314-877-0370
Fax: 314-877-5982

SOUTHEAST REGION

Julie Inman, REO, Division of Behavioral Health
Southeast Missouri Mental Health Center
1010 West Columbia
Farmington, MO 63640
Phone: 573-218-6701
Fax: 573-218-6703



Southeast Region Office
Division of Behavioral Health
105 Fairgrounds Road
Rolla, MO 65042
Phone: 573-368-2298
Fax: 573-368-2396



Regional Office Location



Division of Behavioral Health Region Boundary



County Boundary

Source: ArcGIS\Smith\substanceuse\regioncontact.mxd/pdf ~ July 23, 2015

Division of Behavioral Health-Services for Mental Illnesses

Overview

The Division of Behavioral Health (DBH) is responsible for prevention, evaluation, treatment, and rehabilitation services for individuals and families qualifying for publicly funded mental health services. The Division provides services directly through its state-operated facilities and also contracts with 22 community programs called Administrative Agents. In addition, the Division contracts for 24-hour residential services for individuals needing that level of care.

The Division gives priority to people with serious mental illness (SMI). The target populations include forensic clients pursuant to Chapter 552, RSMo; adults with SMI being discharged from state-operated inpatient facilities; individuals being transitioned from state-operated or contracted residential settings; individuals being transitioned from alternatives to inpatient hospitalization; adults and children and youth at risk of homelessness; children and youth referred through the Custody Diversion Protocol; and individuals with a clinical or personality disorder other than a principal diagnosis of substance use disorder or mental illness who also qualify as an adult with severe, disabling SMI or children and youth with serious emotional disturbance (SED), as defined by the Department. For children and youth, eligibility includes an SED qualifying diagnosis and a Daily Living Activities (DLA-20) score of 50 or below. For adults, eligibility includes an SMI diagnosis and a DLA-20 score of 40 or below.

DBH provides services including evaluation, day treatment, outpatient care, psychiatric rehabilitation, housing, crisis services, and hospitalization, as well as evaluation and treatment of persons committed by court order. Eligibility for many of these services is determined through Administrative Agents designated by the Division.

To determine if a person has the ability to pay a portion of the cost of care, a Standard Means Test (SMT) is used. The FY 2015 operating budget for services to treat mental illnesses was \$618,530,845.

Prevention and Mental Health Promotion

Prevention and education programs help educate people about mental illness and where to find help.

Mental Health First Aid (MHFA) is a course designed to teach the general public how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward appropriate treatment and supports. The Missouri Institute of Mental Health (MIMH) and the Regional Support Centers partner with DBH to provide training to schools and communities across the state. MHFA is included in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). Missouri is one of the three National partners who brought MHFA to the United States from Australia.

DBH-Services for Mental Illnesses, continued

Suicide Prevention: Through support from the federal Garrett Lee Smith Suicide Prevention Grant, DBH provided training and education on suicide prevention across the state. DMH and MIMH hosted an annual conference on suicide prevention.

Crisis Intervention Team (CIT): DBH supports the expansion of CIT in Missouri – increasing the number of councils and officers trained. CIT is designed to improve the outcome of police interactions with people with mental illness by de-escalating crisis situations, decreasing the use of force by officers, and increasing mental health consumers' access to community treatment options. Over 1,200 law enforcement personnel have been trained on how to approach and assist individuals who are in mental health crisis. Expansion of CIT was part of Governor Nixon's *Strengthening Missouri's Mental Health System* initiatives.

State Psychiatric Treatment Facilities

The Division of Behavioral Health directly operates six adult psychiatric hospitals, as well as a small number of community residential beds and apartments. In addition, it operates one children's psychiatric hospital.

Adult Inpatient Facilities - Six adult hospitals provide intermediate stay and forensic inpatient treatment on a regional basis and are located in St. Louis, St. Joseph, Fulton, Kansas City and Farmington. The Division also operates five psychiatric group homes in Kansas City, three of which serve individuals who are dually diagnosed with developmental disabilities, and a supported apartment program. The appropriated budget for all adult facilities in FY 2015 was \$155,726,098.

Services include on-going assessment and treatment of individuals with serious mental illness whose recovery is impeded by complications of treatment resistant illness, chronic substance use disorders, developmental disabilities, brain trauma, and legal issues. In addition to traditional psychiatric and medication services, treatment programs include cognitive behavioral therapy; social learning therapy; dialectal behavioral therapy; treatments specific to those with co-occurring mental illness and development disability, or co-occurring mental illness and substance use disorder; competency restoration; and treatment specific to sexual offending.

Child Inpatient Treatment Facilities - Services for children and youth up to the age of 18 with serious emotional disturbances are provided in two Division-operated facilities. Hawthorn Children's Psychiatric Hospital in St. Louis provides both acute hospitalization and residential treatment. Cottonwood Residential Treatment Center in Cape Girardeau provided residential treatment for the first half of FY 2015 and was then transitioned to Community Counseling Center—a private, nonprofit community mental health center—for continued operation. These facilities had a combined appropriated budget of \$12,563,964 (FY 2015).

DBH-Services for Mental Illnesses, continued

Forensic Support Services – Under Chapter 552, RSMo, DMH is mandated to monitor individuals in forensic status who have been acquitted as not guilty by reason of mental disease or defect and given conditional release to the community by circuit courts. Monitoring is provided by forensic case monitors under the auspices of the Director of Forensic Services. There are 11 forensic case monitors located across the state: three in St. Louis, two in Kansas City, one in St. Joseph, two in Fulton, one in Nevada and two in Farmington. Forensic case monitors must see each forensic client at least monthly to monitor compliance with conditions of release and to ensure public safety.

The Department, upon order of the circuit court, provides pretrial evaluations pursuant to Chapter 552, RSMo. The Department requires that evaluations be completed by certified forensic examiners who must hold doctorate degrees in medicine, osteopathy, or psychology, and must complete required supervision and training. Pretrial evaluations must be completed within the 60-day statutory timeline.

The FY 2015 budget for forensic support services was \$811,905 for monitoring those committed to the Department and who are on conditional release from an inpatient treatment setting. In FY 2015, 491 forensic clients were monitored in the community.

Children's Treatment Programs

The Division of Behavioral Health continues to be a lead partner in the creation and operation of a Comprehensive Children's Mental Health System as outlined in SB 1003 passed in 2004. Services and policies are based on the guiding philosophy of being family-driven, child-centered, culturally competent and community-based. The work done to prevent families from having to relinquish custody to the state solely to access mental health services continues, and over half of those youth are maintained in their home communities. Partnerships with child welfare, juvenile justice, health and educational providers ensure that services are coordinated, if not integrated, to increase the likelihood of improved functioning and successful outcomes for children and families. The Division has partnered with Medicaid to leverage federal funds to expand the services available to children and families. Efforts to ensure quality service provision include enhanced monitoring, training on evidence based practices, and utilization of standardized, functional outcome measures. The following services are available in communities:

The **Community Psychiatric Rehabilitation (CPR)** program provides services to children with serious emotional disturbances. This is a family-driven, child-centered approach that emphasizes individual choice, flexible services and supports, the use of existing community resources and natural support systems, and promoting independence and the pursuit of meaningful living, working, and learning activities in normal community settings. CPR includes assessment, crisis intervention, medication services, consultation, metabolic screening, community support, family support, family assistance, day treatment, individual and group professional services, evidence-based practices, and psychosocial rehabilitation. CPR provides services that will maintain the child or youth within the family if at all possible.

DBH-Services for Mental Illnesses, continued

Community Services are services provided by professionals in community mental health centers as defined in Sections 630.405-630.460, RSMo, 1996. Some children/youth may require a temporary placement out of the home to achieve psychiatric stability. Three types of placements are available to children:

Treatment Family Homes provide individualized treatment within a community-based family environment with specially trained parents. They provide out-of-home services for those needing them, but also allow children to remain in their own communities and often in their home school districts.

Residential Treatment services consist of highly structured care and treatment to youth, generally on a time-limited basis, until they can be stabilized and receive care in a less restrictive environment or at home.

Professional Parent Homes serve youth whose special emotional needs lead to behaviors that in the absence of such programs would most likely place the youth in more restrictive residential settings. These youth have demonstrated an inability to be successful in the community without a sustained intensive therapeutic intervention. A Professional Parent Home is considered to be a more restrictive placement option than a Treatment Family Home, but less restrictive than a psychiatric hospital or residential program. Effective interventions are provided by individuals with extensive training.

Adult Community Treatment Programs

The **Community Psychiatric Rehabilitation (CPR)** program is a consumer-centered approach that emphasizes individual choice; features flexible services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides key services to persons with severe, potentially disabling mental illnesses. Core services include evaluation, crisis intervention, community support, medication management, consultation services, and psychosocial rehabilitation. Other services include behavioral health assessment, treatment planning, peer support services, metabolic screening, Assertive Community Treatment, illness management and recovery, individual and group psychosocial rehabilitation, co-occurring individual counseling, group counseling and group education, and residential and nonresidential intensive CPR.

Because CPR is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible persons. The Division of Behavioral Health spent approximately \$88.3 million from general revenue for the 40 percent state match in FY 2015.

DBH-Services for Mental Illnesses, continued

Community Services consist of contractual arrangements to purchase community behavioral health services from local mental health professionals and community mental health centers as defined in Sections 630.405 - 630.460, RSMo, 1996.

Residential Services provide a variety of housing alternatives to meet the diverse needs of individuals. DMH assists Missourians challenged by mental illnesses, substance use disorders, and developmental disabilities in obtaining and maintaining safe, decent and affordable housing options that best meet their individual and family needs. Housing is key to helping Missourians with disabilities and their families attain self-determination and independent living. Examples of some of the residential services included are:

- **Shelter Plus Care** is a program designed to link rental assistance to supportive services on a long-term basis for homeless persons with disabilities and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. This DMH-funded program provides housing choices and supportive services for the hard-to-reach homeless population with disabilities. Missouri has 44 Shelter Plus Care grants.
- **Homeless Veterans** receive housing supports in partnership with the Department of Veterans Affairs. Fifty homeless Veterans are served by the program at St. Patrick Center in St. Louis. An additional 28 are housed with other DBH funding and are receiving services from the Supportive Services for Veteran Families (SSVF) program that St. Patrick Center operates for Veterans who are waiting to get into permanent housing.
- **Supported Community Living** programs are provided for approximately 2,900 persons with mental illness who do not have a place to live and need structured services.
- **Intensive Community Psychiatric Rehabilitation Residential (ICPR RES)** are medically necessary, on-site residential services for adults who have been unsuccessful in multiple community settings or present ongoing risks of harm to self or others. ICPR RES pays for services, but not room and board.

Integrated Care services connect the whole health of an individual, including mental health, substance use disorders, and physical healthcare. DMH strives to improve the overall health of individuals by implementing innovative approaches to care coordination across multiple healthcare settings, opening new doors for crisis intervention, focusing on data driven outcomes, and building extensive community partnerships.

DBH-Services for Mental Illnesses, continued

- **Community Mental Health Center Healthcare Homes (CMHC HCHs)** target Medicaid eligible individuals enrolled in CMHCs who have a behavioral health condition and a chronic health condition. CMHC HCHs provide care coordination while integrating a new approach to care management of chronic diseases using Health Information Technology (HIT) tools for population care management. Outcome goals were established for improving the health status of individuals with hypertension, diabetes and cardiovascular disease. CMHC HCHs reduce inpatient hospitalization and emergency room visits by adding nurses and primary care physician consultants to the care management team. Transitional care between hospital discharge and the community is also provided for individuals enrolled. There are 27 CMHC HCHs that served 27,505 individuals in FY 2015.
- **Disease Management 3700 (DM 3700)** is a collaborative project among DMH, the MOHealthNet Division, and the Coalition for Community Behavioral Healthcare. It targets high cost Medicaid individuals with chronic medical conditions, a mental illness and/or substance use disorder, and who are not currently receiving behavioral health services. These individuals are outreached and engaged in appropriate behavioral health services, including HCH services for care coordination of their chronic medical conditions. Over 7,000 individuals have been identified and enrolled in behavioral health services through the DMH 3700 project.
- **Access Crisis Intervention (ACI)** services assess and provide assistance (or appropriate intervention) for an acute behavioral health crisis; link individuals with services, resources and supports; and maintain individuals in the least restrictive setting and in the community when clinically feasible. ACI provides a timely response, intervention, and referral for persons experiencing a behavioral health crisis 24 hour a day, seven days a week. ACI services are statewide. Over 80,000 crisis calls are answered each year.
- **Emergency Room Enhancement (ERE)** projects are located in seven areas of the state, with relationships in 61 hospitals and clinics, for people in behavioral health crises. Over 2,200 individuals have received services: 78% with psychiatric disorders, 31% with substance use disorders, and 26% with co-occurring psychiatric and substance use disorders. More than 70% of these had one or more ER visits at baseline, 45% had two or more visits. Overall, there has been a 60% decrease in ER visits.

DBH-Services for Mental Illnesses, continued

- **Community Mental Health Liaisons (CMHLs)** are located in Community Mental Health Centers across the state. They work with courts and law enforcement to facilitate access to care and improve service coordination for people with mental illness or substance use disorders. CMHLs provide training, consultation, and coordination of existing crisis and community treatment services. Nearly 12,500 contacts were made with law enforcement and court officials, and over 7,800 referrals were made to link people to behavioral health services in FY 2015.

Consumer-Operated Service Programs

Consumer-operated service programs (COSP) are peer-run service programs that are administratively controlled and operated by consumers and emphasize self help as their operational approach. Drop-In Centers are safe places where consumers can go to find recovery programs and services provided by their peers, such as recovery focused support groups, life enhancement skills training, goal setting and problem solving groups, and computer and internet access, as well as socialization with others in recovery. Warm Lines offer safe, confidential telephone support provided by peers in recovery from mental illness. They also make connections to other services including housing, food banks, transportation, professional counseling and crisis management.

The current map and listing of Administrative Agents can be found on the next page.

Fulton State Hospital

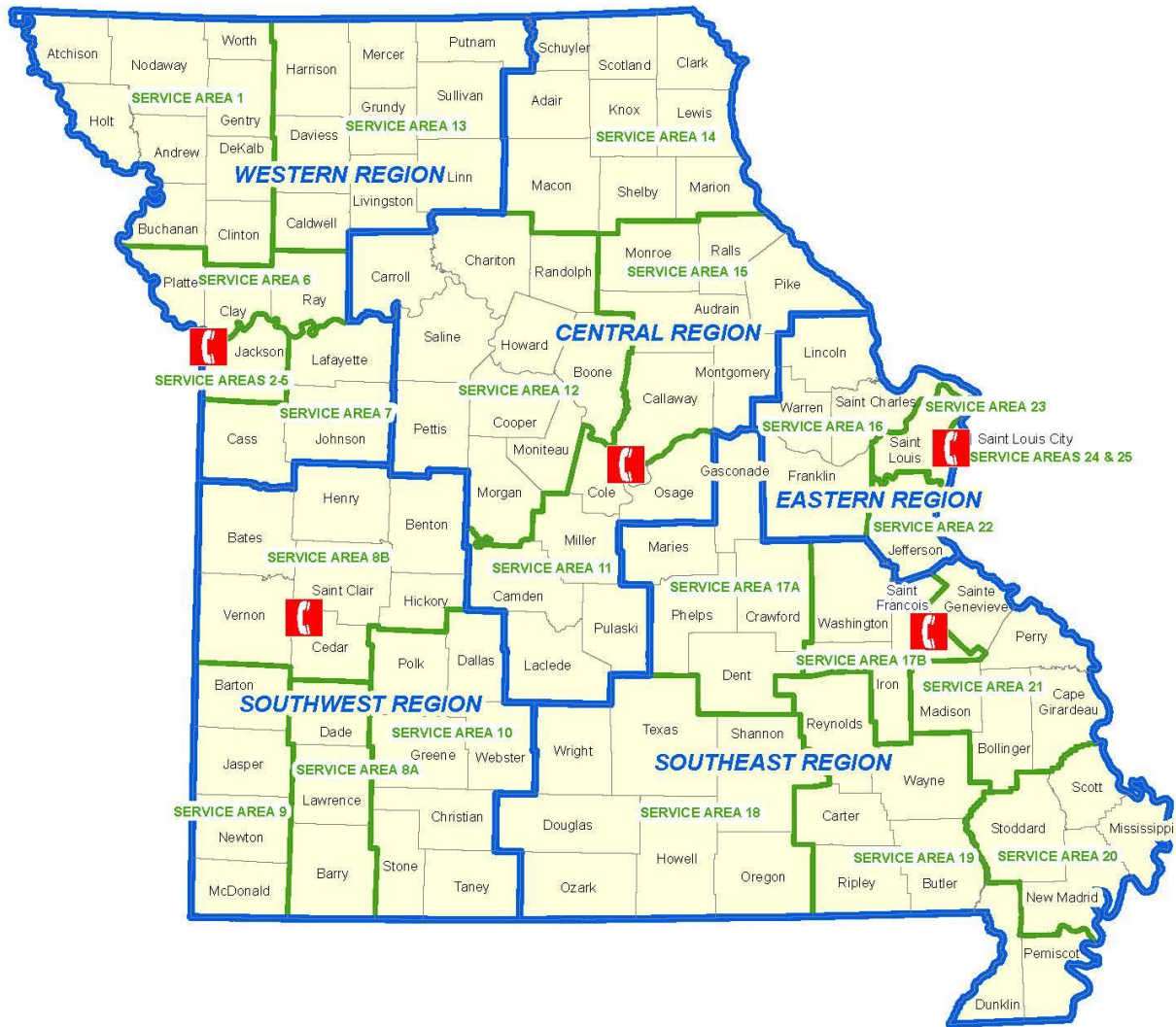
During the 2014 Legislative session, Missouri lawmakers supported Governor Jay Nixon's plan to fund a new, high security facility at Fulton State Hospital. Nixon's plan for the Fulton facility involves 25 years of bond repayment. About \$14 million was included in the fiscal year 2015 budget for bond repayment.

The hospital is the oldest state psychiatric hospital west of the Mississippi River and houses Missouri's most severely mentally ill. The new facility will feature a 300-bed, high-security complex expected to cost a total of \$211 million. Over a 10-year period, the facility rebuild is expected to save and defer costs totaling \$188 million. Demolition of the old facility and construction of the new facility has begun. Construction is expected to be completed by the end of 2017 and will open for occupancy in the spring of 2018. For the latest information on the rebuild project go to: <http://fultonrebuild.mo.gov/>.



MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF BEHAVIORAL HEALTH

REGIONAL OFFICES FOR MENTAL HEALTH SERVICES



WESTERN AND SOUTHWEST REGIONS

Denise Norbury, REO, Division of Behavioral Health
Southwest Missouri Psychiatric Rehabilitation Center
1301 Industrial Parkway East
El Dorado Springs, MO 64744
417-876-1002
Fax: 417-876-1004

 **Western Regional Office (Mental Health)**
Center for Behavioral Medicine
1000 East 24th Street
Kansas City, MO 64108
816-512-7500
Fax: 816-512-7509

 **Southwest Regional Office (Mental Health)**
Southwest Missouri Psychiatric Rehab. Center
1301 Industrial Parkway East
El Dorado Springs, MO 64744
417-876-1002
Fax: 417-876-1004

CENTRAL REGION

Robert Reitz, Ph.D., CEO, Division of Behavioral Health

 **Central Regional Office (Mental Health)**
Missouri Department of Mental Health
1706 East Elm Street; P.O. Box 687
Jefferson City, MO 65102
573-751-4942
Fax: 573-751-7814


SOUTHEAST REGION

Julie Inman, REO, Division of Behavioral Health

 **Southeast Regional Office (Mental Health)**
Southeast Missouri Mental Health Center
1010 West Columbia
Farmington, MO 63640
573-218-6701
Fax: 573-218-6703

EASTERN REGION

Laurent Javois, REO, Division of Behavioral Health

 **Eastern Regional Office (Mental Health)**
Saint Louis Psychiatric Rehabilitation Center
5300 Arsenal
Saint Louis, MO 63139
314-877-5981
Fax: 314-877-5982

MAP LEGEND

-  Mental Health Services Regional Office
-  Division of Behavioral Health Region Boundary
-  Mental Health Service-Area Boundary
-  County Boundary

Source: ArcGIS\Smith\Region\MentalHealthServAreaContact.mxd
Revised: July 2015

Division of Developmental Disabilities

Overview

The Division of Developmental Disabilities serves persons diagnosed with intellectual disabilities, cerebral palsy, epilepsy, head injury, autism, or a learning disability related to a brain dysfunction. These mental or physical impairments must manifest before age 22, be likely to continue indefinitely, and result in substantial functional limitations. The Division's primary mission is to support persons with intellectual/developmental disabilities through programs and services that enable those persons to live independently and productively, given their individual needs and capabilities. Services and supports the division funds or provides include case management, evaluation, habilitation, and rehabilitation services.

The Division provides case management services through six regional offices around the state, and multiple county-based boards. Additionally, the Division has contractual arrangements and oversight responsibilities with programs and facilities funded, licensed, or certified by the Department of Mental Health. In addition, the Division has six state operated campus/community settings that primarily serve persons with complex developmental disabilities.

People of all ages who have developmental disabilities are eligible for Division services. Eligibility is determined by the Division's six regional offices, which evaluate an individual's situation in light of state law (Sec. 630.005, RSMo).

The cost of services is determined by a Standard Means Test (SMT), a tool used to determine if the individual or family is financially able to pay a portion of costs. Charges are determined using a formula that evaluates family size, income, and type of service. However, many other resources, especially third-party payers, such as Medicaid and Medicare, must also be used to cover costs. DD services generally do not have co-payments, although some state plan services do have co-payments.

Division of Developmental Disabilities, continued

Community-Based Services

The Division provides support services to individuals with intellectual/developmental disabilities and their families designed to:

- encourage independence and active participation in planning and directing services and supports;
- provide support in meeting their most important needs;
- keep families together (for as long as the individual and family choose);
- maximize limited resources; and
- help individuals and families connect with one another and with their communities to encourage their full participation in all aspects of home, school, work, and community life.

The Division's philosophy is based on a set of principles that say, "Families are the most important support network for all people, including individuals with developmental disabilities. One of the best ways to support individuals with intellectual/developmental disabilities is to support and empower their families – to work with them to identify their most important needs and find the most cost-effective way to meet those needs. At the same time, we must support and empower youth and adults with developmental disabilities to begin making their own decisions so they will be able to direct their own services and supports at the appropriate time in their lives."

The service system is a partnership of consumers, families, community members and organizations, the Division of DD, Senate Bill 40 Boards, DD contracted service providers, and advocacy entities. Through case management, and based on individual needs, persons are referred or linked to a variety of other services and supports administered by other state agencies. These agencies include but are not limited to the DMH Division of Behavioral Health; the Department of Social Services (MO HealthNet Division, Family Support Division, Children's Division); the Department of Health and Senior Services (Bureau of Special Health Care Needs, Division of Senior Services); and the Department of Elementary and Secondary Education's Division of Vocational Rehabilitation.

The Division contracts for a variety of services and supports for people with disabilities and their families. Examples of services include early childhood intervention, therapies, skill training, vocational training, recreational services, and residential supports.

Specialized services necessary to meet an individual's needs may be purchased by the Division within the limits of its appropriation. The Division often assists individuals in accessing other supports and services that persons without disabilities need that are available from other state and federal programs when the individual qualifies for those programs. This may include educational services, Medicaid and Medicare funded services, food stamps, or housing assistance. Emphasis is placed upon providing the service or support in a manner typical for the person's community, i.e., through generic rather than specialized providers when possible.

Division of Developmental Disabilities, continued

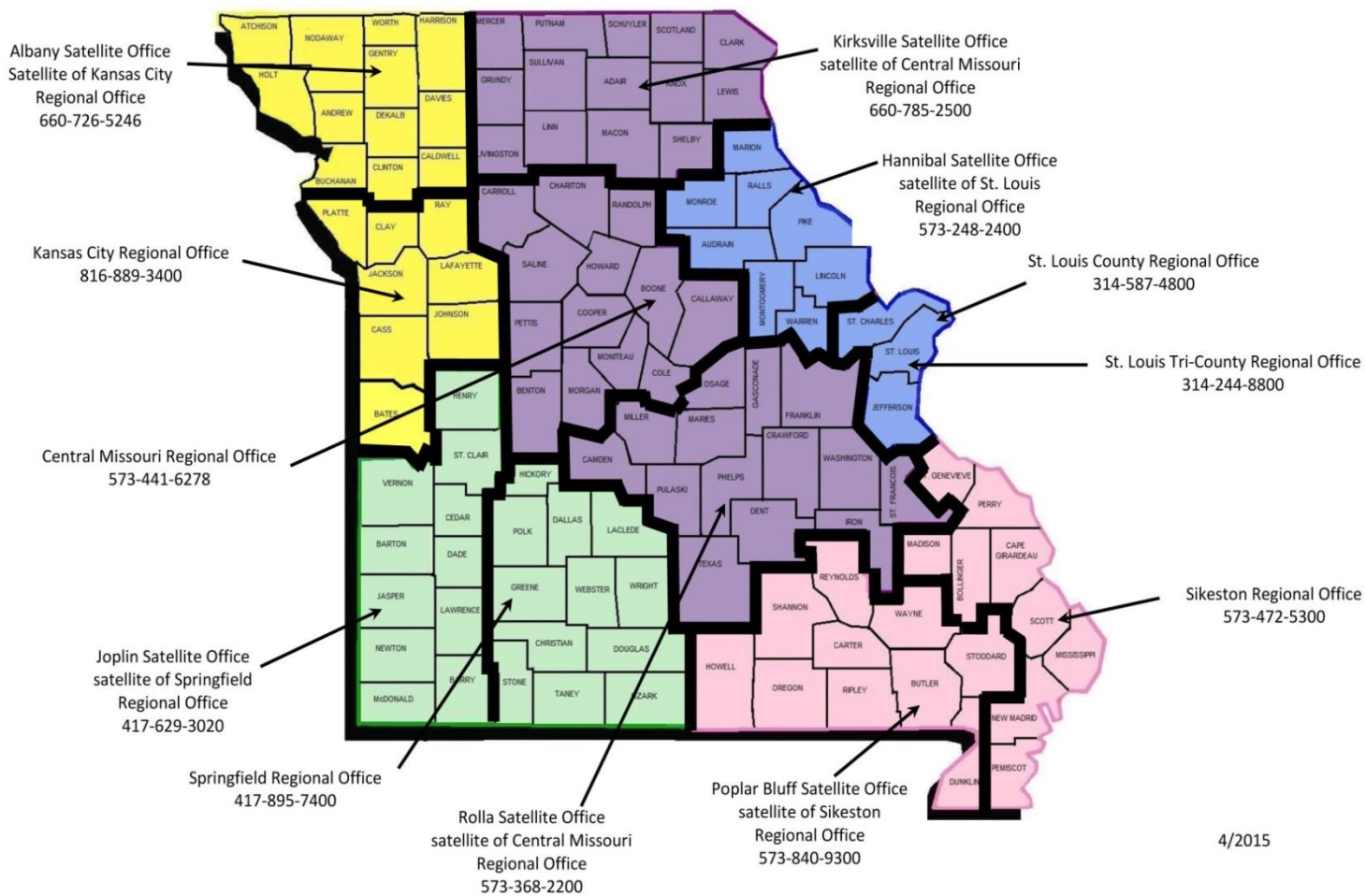
Of the 33,699 people receiving services through the Division, approximately 33,315 live in some type of community setting. They may live with their family, with relatives who receive family support services, or in their own homes, either alone or with one or two others who receive individualized supported living (ISL) services. Other types of community residential living arrangements include foster homes, group homes, residential care centers, and community-based ICF/MR. The Division receives approximately \$835 million in state and federal funds for community programs.

Regional Offices: Based in six principal sites and supported by six satellite locations, regional offices are the entry point into the service system. Each office serves from four to 23 counties. Staffed by support coordinators and support personnel, the offices perform intake activities which help to determine if an individual is eligible for services. When a person is found eligible for services in accordance with state law and regulation, the individual and family, in partnership with the support coordinators, work to identify needed services or supports. These services and supports are documented in a person-centered plan that describes what is needed, how the service/support will be obtained, and the method by which the effectiveness of the service or support will be measured.

When developing and implementing person centered plans, the Division strives to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. The six regional offices serve approximately 33,315 people annually with a total budget of approximately \$30 million.

A map of the Regional and Satellite Offices can be found on the next page.

Division of Development Disabilities REGIONAL OFFICES



4/2015

Division of Developmental Disabilities, continued

Home and Community Based Waiver Programs and Services

The Division administers five Medicaid Home and Community-Based (HCBS) Waiver Programs for individuals with intellectual or developmental disabilities. The five waivers are the Comprehensive Waiver, Missouri Children with Developmental Disabilities Waiver (MOCDD or Sarah Jian Lopez Waiver), Community Support Waiver, Autism Waiver, and Partnership for Hope Waiver (Prevention Waiver).

Authority for the Division's waivers is the result of a special arrangement between the state and federal government that allows the state to use Medicaid funding for specialized services provided only to a target group of people with intellectual or developmental disabilities and not to all people with Medicaid (in Missouri the state Medicaid authority is MO HealthNet). The Division uses general revenue funds to match federal dollars to pay for these waiver services. Services provided through these HCBS waivers, which are part of the Medicaid Program, are the primary funding source for services for individuals who are MO HealthNet eligible and are determined to require an institutional (ICF/MR) level of care.

The Comprehensive Waiver began in FY 1989. This is the only waiver that provides residential services and individualized supported living services. This waiver does not have an individual cap on the amount of service an individual may receive annually through the waiver. The person must meet ICF/MR level of care and must be at risk of needing ICF/MR services if waiver services are not provided. In addition, there must be a determination that the individual's needs cannot be met in the Community Support Waiver.

Although this waiver can provide residential support services when they are necessary for a participant, not every participant accesses residential services. An estimated 30 percent of these participants live with their families and receive support services so they may continue to live at home, 49 percent receive support coordination, and another 21 percent are supported in group homes and individualized supported living.

The MOCDD or Sarah Jian Lopez Waiver is a Medicaid model waiver administered by the Division since FY 1995. Medicaid guidelines require parental income and resources to be considered in determining a child's financial eligibility for Medicaid when the child lives in the home with the parents. This requirement, called deeming parental income to the child, is waived for children who participate in the Sarah Jian Lopez Waiver. The waiver provides participants eligibility for all State plan Medicaid services in addition to waiver services. To be eligible for this waiver, the child must not be eligible for Medicaid under regular guidelines; be under the age of 18; live with parents/family; meet financial guidelines; be determined to have permanent and total disability; be eligible for ICF/MR level of care; and be at risk of needing ICF/MR services if waiver services are not accessed.

No more than 350 children can be served in the Sarah Jian Lopez waiver at any one time. The average cost of waiver services per participant in FY 2015 was approximately \$12,132.

Division of Developmental Disabilities, continued

The Community Support Waiver began in July 2003 for persons who have a place to live in the community, usually with family. However, the family must be unable to provide all of the other services and supports the person requires, which may include 24-hour care or supervision, seven days a week. This waiver has an individual annual cap of \$28,000 on the total amount of services a person can receive. The person must meet ICF/MR level of care criteria and be at risk of needing ICF/MR services if waiver services are not provided.

In FY 2015, the Community Support Waiver served 1,877 individuals at an average cost of \$15,667.

The Autism Waiver began in July, 2009. A person eligible for the Autism Waiver must be at least three years of age and not more than 18 years of age and be living in the community with family. The child must have a diagnosis of Autism Spectrum Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association; pervasive developmental disorder, not otherwise specified; childhood disintegrative disorder; or Rett's Syndrome. Additional criteria for Autism Waiver eligibility includes that the child experiences behavioral and/or social or communication deficits that require supervision which makes it difficult for the family to provide care in the home and interferes with the child participating in activities in the community. The child shall have been determined to meet the ICF/MR Level of Care as well as assessed by a Division Regional Office that the person's needs for Autism Waiver services can be met at an annual cost that will not exceed \$22,000.

The Autism Waiver includes one new service, Behavior Analysis, which is not already available in one or more of the other Division's HCBS Waivers. The Behavior Analysis service has three components: Senior Behavior Consultant, Behavior Intervention Specialist, and Functional Behavior Assessment.

In the Autism Waiver, no more than 175 persons can be served at any given time.

Partnership for Hope Waiver: The Partnership for Hope Waiver began October 1, 2010. This is a county-based prevention waiver that is a result of a partnership of the Missouri Association of County Developmental Disabilities Services (MACDDS), the Division of Developmental Disabilities, and the MO HealthNet Division. Early research on best practices and the waiver development was supported by a grant from the Missouri Foundation for Health to MACDDS. This waiver can serve adults and children and has an annual total waiver service cost limit per participant of \$12,000.

Eligibility requirements for participants includes: being eligible for Missouri Medicaid; meeting eligibility criteria for Division of DD services; participants needs can be met with current community support system and waiver services do not to exceed an annual cost of \$12,000; participant meets ICF/MR Level of Care; participant resides in a participating county; and participant meets crisis or priority criteria.

Division of Developmental Disabilities, continued

The Partnership for Hope Waiver includes four new services: personal electronic safety device and professional assessment and monitoring, dental, temporary residential and career preparation services. The Partnership for Hope Waiver can serve no more than 3,125 individuals at any given time. There are currently 103 counties including the City of St Louis participating in this waiver.

What services are available through the DD Waivers?

Comprehensive Waiver	Community Support Waiver	MOCDD Waiver	Autism Waiver	Partnership for Hope Waiver
Personal Assistance	Personal Assistance	Personal Assistance	Personal Assistance	Personal Assistance
Respite Care	Respite Care	Respite Care	Respite Care	Temporary Residential
Transportation	Transportation	Transportation	Transportation	Transportation
Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations
Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies
Support Broker	Support Broker	Support Broker	Support Broker	Support Broker
Individualized Living Skills Development (ILSD)	Individualized Living Skills Development (ILSD)	Individualized Living Skills Development (ILSD)		Individualized Living Skills Development (ILSD)
Community Specialist	Community Specialist	Community Specialist	Community Specialist	Community Specialist
Crisis Intervention	Crisis Intervention	Crisis Intervention		
Assistive Technology	Assistive Technology	Assistive Technology	Assistive Technology	Assistive Technology
Person Centered Strategies Consultation	Person Centered Strategies Consultation	Person Centered Strategies Consultation	Person Centered Strategies Consultation	Person Centered Strategies Consultation
Communication Skills Instruction	Communication Skills Instruction			
Counseling	Counseling			
Physical Therapy	Physical Therapy			Physical Therapy
Occupational Therapy	Occupational Therapy			Occupational Therapy
Speech Therapy	Speech Therapy			Speech Therapy
Community Employment	Community Employment			Community Employment
Group Home				
Individualized Supported Living				
Behavior Analysis Services	Behavior Analysis Services	Behavior Analysis Services	Behavior Analysis Services	Behavior Analysis Services

Comprehensive Waiver	Community Support Waiver	MOCDD Waiver	Autism Waiver	Partnership for Hope Waiver
Professional Assessment and Monitoring	Professional Assessment and Monitoring	Professional Assessment and Monitoring	Professional Assessment and Monitoring	Professional Assessment and Monitoring
Host Home				
Community Transition				
Co-worker Supports	Co-worker Supports			Co-worker Supports
Job Discovery	Job Discovery			Job Discovery
Job Preparation	Job Preparation			Job Preparation
Transportation	Transportation	Transportation	Transportation	Transportation

Choices for Families: When families maintain members with disabilities at home, they are often confronted with challenges related to the disabilities and the resulting physical/behavioral components. These families face increased and long-term financial responsibilities; the lack of service/support providers in reasonable proximity to their homes; or the lack of knowledge, expertise, and physical capabilities to meet the treatment needs their family members require.

Choices for Families provides funding to help meet the needs of family members with disabilities who live at home. The program works in two ways: Families pay for items and services and then submit receipts for reimbursement to their regional offices, or the families obtain vouchers from the regional offices to obtain items or services from vendors who then submit the voucher to the regional office for payment. In either case, the families choose their own providers and dictate the manner in which the services will be provided to meet their particular needs. Choices for Families can be used for many family support services for which there may not be a suitable contracted provider.

Missouri Commission on Autism Spectrum Disorders: The Missouri Commission on Autism Spectrum Disorders was established within the Department of Mental Health on June 23, 2008, with the signing into law of Senate Bill 768.

The Commission on Autism Spectrum Disorders is composed of 24 members, including four members of the state's general assembly and seven ex officio representatives from various state departments. The 13 remaining members are appointed by the governor with the advice and consent of the Senate and must include two parents of people who have autism; two persons who have an autism spectrum disorder; and providers from the educational, therapeutic, and healthcare fields.

The Commission as set forth in RSMo 633.200 is charged with developing a comprehensive statewide plan for an integrated system of training, treatment, and services for individuals of all ages with autism spectrum disorders.

Division of Developmental Disabilities, continued

Office of Autism Services: The Office of Autism Services (OAS) was established within the Division of DD on June 23, 2008, with the signing into law of Senate Bill 768. The OAS provides leadership in program development for children and adults with autism spectrum disorders, and the establishment of program standards and coordination of program capacity. As specified in RSMo 633.210, the OAS provides technical and administrative support to the 24-member Commission on Autism Spectrum Disorders.

Missouri's Autism Projects: In the late 1980s, Missouri families undertook a grassroots campaign aimed at obtaining services designed to address the complex needs of families and their loved ones with an autism spectrum disorder. The result of their efforts is a budgetary allocation of almost \$7.7 million that provides for family-centered services and providers of such to be recommended by parent committees representing five geographical areas known as "Missouri Autism Projects." Missouri Autism Projects provide funding for services aimed at assisting individuals with the autism spectrum disorder to remain in the home and be integrated within their communities.

State Operated Services: Habilitation Centers: The primary mission of habilitation centers is to provide residential services, direct care support, and treatment services to people who cannot be supported in other residential settings in the community. Each resident of the habilitation center has an individual plan that identifies services and supports needed to live successfully in the habilitation center or to return to the community.

The Division operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center, St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and habilitation centers in Higginsville and Marshall. These facilities are certified as intermediate care facilities for persons with mental retardation (ICF/MR) and collect federal Medicaid matching funds. The Division is in the process of consolidating the Higginsville and Marshall Habilitation Center campuses. Southwest Community Services in Nevada operates Medicaid Waiver settings in the community. The five habilitation centers plus Southwest Community Services received approximately \$85.5 million in FY 2015. In FY 2015, habilitation centers served 384 individuals on campus and 208 individuals in state-operated waiver community settings.

Division of Developmental Disabilities, continued

Habilitation Centers

Bellefontaine Habilitation Center
10695 Bellefontaine Rd
St. Louis, MO 63137
Phone 314-264-9101
Toll Free 888-549-6632

Southeast MO Residential Services-Poplar Bluff
2351 Kanell Boulevard
Poplar Bluff, MO 63901
Phone 573-840-9370
Toll Free 888-677-2086

Higginsville Habilitation Center
100 West 1st Street, P.O. Box 517
Higginsville, MO 64037
Phone 660-584-2142
Toll Free 877-884-9908

Southeast MO Residential Services-Sikeston
112 Plaza Drive, P.O. Box 966
Sikeston, MO 63801
Phone 573-472-5305
Toll Free 888-677-2084

Marshall Habilitation Center
700 E. Slater Street, P.O. Box 190
Marshall, MO 65340
Phone 660-886-2201
Toll Free 800-241-2741

St Louis DDTC - St Charles Habilitation Center
22 Marr Lane
St Charles MO 63303
Phone 636-926-1300

Southwest Community Services
2041 A/B E. Hunter
Nevada, MO 64772
Phone 417-667-7833
Toll Free 888-549-6637

St Louis DDTC - South County Habilitation Center
2312 Lemay Ferry Rd.
St Louis MO 63125
Phone 314-894-5400

Expansion of Local Case Management Services -The past few years have brought about unprecedented cooperation between Senate Bill 40 boards (SB40) and the Division. Because most SB40 County Boards provide or procure services for Division-eligible consumers, many of the boards have entered into contracts with DMH. These contracts allow:

- The boards and division to plan together to avoid duplication of programs;
- The use of SB40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited; and
- The Division to establish local targeted case management services to 103 counties and the City of St. Louis providing 63% of the TCM services.

Division of Developmental Disabilities, continued

Missouri Developmental Disabilities Council

The Division receives federal developmental disabilities funds to enhance the planning for coordination and delivery of services to the state's citizens with developmental disabilities. The funds are administered by the Division and used to support the activities of the Missouri Developmental Disabilities Council, a 22-member volunteer council appointed by the Governor. The Missouri Planning Council strives to create new realities, identifies research issues, and tries new and innovative ways to generate change in the service system.

The Missouri Developmental Disabilities Council's plan provides for:

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.



Missouri Department of Mental Health
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